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Letters

Nurses' involvement in physician-assisted dying under the euthanasia law in Belgium

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Medical end-of-life decisions, including physician-assisted death, are known to occur in several countries (van der Heide et al., 2003). Preserving the quality of the patient's remaining life and alleviating their suffering have become important goals of end-of-life care and, in some instances, hastening death at the request of a patient may be an acceptable outcome. Following the Netherlands, Belgium became the second country worldwide in 2002 to legalise euthanasia under strict conditions of careful practice (Deliens et al., 2003) and Luxembourg became the third country to do so in 2009. Euthanasia is the administration of lethal drugs at the explicit request of the patient. Regarding nurses' involvement, the Belgian euthanasia law stipulates that only physicians and not nurses are allowed to perform euthanasia, and only after consultation of the nursing team directly involved in the patient's care. In contrast, in two similar population-based surveys conducted in Belgium in 1998 and in 2001 (Deliens et al., 2000; van der Heide et al., 2003) physicians strikingly reported that nurses were quite often involved in administering lethal drugs, not only in euthanasia but also in administering such drugs without explicit patient request. We repeated the survey allowing us to investigate how well physicians followed the stipulations of the euthanasia law and how often they involved nurses in physician-assisted dying (Bilsen et al., 2009).

We conducted a death certificate study in Flanders, the Dutch-speaking part of Belgium, with about 55000 deaths per year. We drew a 20% random sample of all deaths occurring between June 1st and November 30th in 2007, and mailed each of the 6927 certifying physicians an anonymous questionnaire about physician-assisted dying. Concerning nurses' involvement in physician-assisted dying, we asked whether physicians had previously discussed the decision with a nurse, and whether a nurse had administered the life-ending drugs. Comparisons were only made with the 1998 study because the 2001 study fell in the midst of a very tumultuous period of political and public debate

1 concerning legalization of euthanasia in our country.⁵ Ethical approval for this study was received
2 from the Ethical Review Boards of the Vrije Universiteit Brussel and Ghent University. Detailed
3 information about the study methodology can be found elsewhere (Chambaere et al., 2008).
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6 The response rate was 58.4%. In Flanders 2007, euthanasia or physician-assisted suicide occurred in
7 0.2% , 1.7% and 4.2% of all deaths in respectively nursing homes, hospitals, and at home. The
8 attending physician discussed this decision with nurses in all such cases in nursing homes, in 58.6% of
9 cases in hospitals, and 44.4% of cases at home. A nurse administered the lethal drugs in none of the
10 euthanasia cases in nursing homes , in 43.4% of cases in hospitals, and in 13.5 % of cases at home.
11 Administering life-ending drugs without the patient's explicit request occurred in 1.0% , 2.4% and
12 1.4% of all deaths in respectively nursing homes, hospitals, and at home. In 62.5% of all these cases
13 in nursing homes, in 41.9% of cases in hospitals and in 16.7% of cases at home this practice was
14 discussed with nurses. A nurse administered the lethal drugs, nearly exclusively opioids (not in table),
15 in respectively 25.0%, 61.4% and 27.3% of these cases. Physicians' consultation rate of a nurse for
16 euthanasia increased from 30.4% in 1998 to 53.5% in 2007, and especially in nursing homes. Lethal
17 drug administration by nurses, either with or without explicit patient request, tended to occur less
18 often in 2007 compared with 1998, especially in institutes.
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21 Five years after the enactment of the euthanasia law in Belgium, physicians tended to consult nurses
22 in euthanasia more often than before the law, and to delegate the administration of lethal drugs to
23 nurses less often. Yet, there is still room for improvement. Especially, the still quite high rate of
24 delegating the administration of lethal drugs to nurses in hospitals and in cases without explicit
25 patient request, jeopardises prudent practice, makes nurses vulnerable to prosecution, and needs to
26 be further addressed both in legal regulation and in medical professional guidelines.
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29 **Conflict of interest**

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31 The authors do not have any financial conflict of interest to declare. The authors have full control of
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Table 1. Involvement of nurses in physician-assisted death in Belgium 1998 and 2007*

Year	<u>All settings</u>		<u>Nursing home</u>		<u>Hospital</u>		<u>Home</u>	
	1998	2007	1998	2007	1998	2007	1998	2007
Euthanasia or Physician-assisted suicide†								
– no. (weighted incidence)	25 (1.2)	142 (2.0)	3	7	8	39	14	93
Discussion of practice with a nurse – %	30.4	53.5	50.0	100	40.0	58.6	25.0	44.4
A nurse administered the lethal drugs‡ – %	40.0	26.8	0	0	70.0	43.4	25.0	13.5
Ending of life without patient's explicit request†								
– no. (weighted incidence)	60 (3.2)	66 (1.8)	14	11	23	32	20	22
Discussion of practice with a nurse – %	42.6	40.0	63.6	62.5	53.1	41.9	12.5	16.7
A nurse administered the lethal drugs‡ – %	69.0	52.3	80.0	25.0	84.4	61.4	26.7	27.3

*All percentages were adjusted for characteristics of deaths (age and sex of the patient and province, place and cause of death), and for stratification (only in 2007) according to the underlying cause of death as indicated on the death certificate and the estimated corresponding likelihood of an end-of-life decision having been made.

†Euthanasia refers to the administration of lethal drugs with the explicit intention of ending the patient's life, at his or her explicit request; Physician-assisted suicide refers to the prescription or supply of lethal drugs with the intention of enabling the patient to end his or her life (occurred in 3 cases in 1998 and in 5 cases in 2007); Ending of life without patient's explicit request refers to the administration of lethal drugs with the explicit intention of ending the patient's life and without the patient's explicit request.

‡Nurse administered the drugs alone or together with the physician